

WAY OF PAYMENT

Cash

Bank

Other

Credit card

Monthly

2-month

3-month

Season

REGISTRATION FORM

Surname First Name		Medical status			
		Allergies Medication			
Birth Date	DAY / MONTH / YEAR	Place			
Nationality		School / College			
nsurance number	I.D. Number	Passport Game Position			
Previous Club/Academy					
Years of Training		Age Group			
Additional Sport		Coach	Male Female		
PARENTS CONTA	CT DETAILS				
Name Surname		Telephone			
Address		Mobile			
Area/District	Post Code	Telephone (emer	rgency)		
.D. Number/Passport		E-mail			
Social Media / Facebook /	Account				

				SCHOOLS
YES	NO	I responsibly declare that the Athlete is under special diet which I present herein.		SCHOOL STANDARD STAND
		I responsibly declare that the Athlete is sensitive to certain circumstances, and in particular		
		I hereby consent that personal details of said Athlete and his/her guardian are collected and kept, under the terms, conditions and purposes set out in Regulation (EU) 2016/679 of the European Parliament and of the Council. I accept that the Athlete and guardian's personaldata are collected, kept and utilized by OLYMPIACOS FC solely for young football athletes' training and practicing purposes, which are fair and legitimate, including all advertising purposes for specifically promoting this activity (photo taking and video recording of activities).		
		I accept the Athlete may participate in social activities in the context of charities organized under the auspices of OLYMPIACOS FC.		
		I fully comprehend –after being brought up to date- and acknowledge said data shall be kept for as long as it is required to fulfil these purposes (sporting, commercial, social), unless otherwise provided by law.		
		I consent to receive communications about other activities, products and services of OLYMPIACOS FC and THRYLOS SA, their sponsors and partners, via newsletter (subject that I have willingly subscribed), e-mail and text messages to my mobile phone.		
		I declare and consent that all data I provided to OLYMPIACOS FC are relevant, appropriate and no more than required in view of the Academy objectives. I fully consent that OLYMPIACOS FC may collect and utilize the Athlete		
		or guardian's personal data, disclose them to Academy partners, when and to the extent this is deemed necessary for the purposes of the Academy and, in general, the organization. I explicitly declare that both the Athlete and his/her other family members will respect the School's Rules and Regulation.	Date	DAY / MONTH / YEAR
			Parent / Guardiar	signature